

**Arizona State Library
2006 LSTA Final Report
Part 1: Cover Sheet and Budget**

**Complete by Sept. 4, 2007, and return to: Laura Stone, Arizona State Library,
1100 W. Washington, Phoenix, AZ 85007.**

COVER SHEET

Project Title _____

Project Number _____

Library Name _____

Project Director _____

Phone Number _____ E-Mail _____

LSTA Funds Awarded _____

Cash Match _____

In Kind Contributions _____

Total Costs _____

Congressional District _____ Legislative District _____

Number of Persons Served (include the total number of people who used project materials or resources, attended related programs, accessed related Web sites or related records, or participated in any way; if the project is ongoing, estimate the total number of persons served for a one-year period): _____

LSTA Purpose (select the purpose that your project best addresses)

- ☐ Library technology, connectivity and services
- ☐ Services for lifelong learning
- ☐ Services to persons having difficulty using libraries

LSTA Arizona Goals (select the goal that your project best addresses)

- ☐ Information Technology
- ☐ Strategic Partnerships
- ☐ Cultural Diversity
- ☐ Community Focal Point
- ☐ Families and Children

IMLS Primary Performance Category (select one category)

- ☐ Enhance a lifetime of learning opportunities
- ☐ Provide access to information, resources and ideas
- ☐ Provide tools for the future
- ☐ Strengthen families and children
- ☐ Strengthen communities
- ☐ Sustain our cultural heritage

IMLS Secondary Performance Category (select one category)

- ☐ Enhance a lifetime of learning opportunities
- ☐ Provide access to information, resources and ideas
- ☐ Provide tools for the future
- ☐ Strengthen families and children
- ☐ Strengthen communities
- ☐ Sustain our cultural heritage

Primary Users: (select up to three from list)

- | | |
|---|--|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Public library trustees |
| <input type="checkbox"/> Children | <input type="checkbox"/> Rural populations |
| <input type="checkbox"/> Institutionalized persons | <input type="checkbox"/> Senior citizens |
| <input type="checkbox"/> Library staff and volunteers | <input type="checkbox"/> Statewide public |
| <input type="checkbox"/> Non/limited English-speaking persons | <input type="checkbox"/> Urban populations |
| <input type="checkbox"/> People with special needs | <input type="checkbox"/> Young adults and teens |
| <input type="checkbox"/> Pre-school children | |

Primary Services: (select up to three from list)

- ☐ Continuing education for the public
- ☐ Cultural heritage programs
- ☐ Digitization and digital library projects
- ☐ Economic development
- ☐ Education-related services for children and teens
- ☐ Information access and services
- ☐ Institutional library services
- ☐ Intergenerational programs
- ☐ Interlibrary loans
- ☐ Library development
- ☐ Literacy programs
- ☐ Mobile services
- ☐ Outreach services
- ☐ Software and equipment
- ☐ Staff development, education and training
- ☐ Technology infrastructure
- ☐ Training for the public
- ☐ Virtual library services

Start Date (between 10/1/05 and 9/30/07; use the date on your award letter) _____

End Date (between 10/1/05 and 9/30/07; use the date your project was complete) _____

Check all that apply to your project:

- ☐ Statewide ☐ Partnership ☐ Exemplary ☐ Outcome-Based Evaluation



Attach copies of any publicity materials, publications or photographs generated by this project.

BUDGET FORM

Grant Number: _____ LSTA 2006 Funds Awarded: _____

	LSTA Funds	Local Funds (cash or in-kind)	Total Funds
(Round all amounts to nearest dollar)			
1. <u>Salaries & Benefits</u> (List each position separately)	— NA —	\$ _____	\$ _____
_____	— NA —	\$ _____	
_____	— NA —	\$ _____	
2. <u>Contractual Services</u> (List each Vendor separately)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
3. <u>Travel</u> (compute at state rate)	\$ _____	\$ _____	\$ _____
4. <u>Equipment</u>	\$ _____	\$ _____	\$ _____
5. <u>Software</u>	\$ _____	\$ _____	\$ _____
6. <u>Library Collection Materials</u> (Print & Non-Print)	\$ _____	\$ _____	\$ _____
7. <u>Supplies</u>	\$ _____	\$ _____	\$ _____
8. <u>Other</u> (specify)	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____

I certify that, to the best of my knowledge and belief, this report is correct and complete, and that all outlays are for the purposes set forth in the grant.

Project Contact Signature: _____ Date: _____

Library Director Signature: _____ Date: _____